

Summary of Subsidiary Corporations

Complete and submit a separate summary for *each* subsidiary corporation (reproduce form if necessary). A subsidiary is any controlled, owned or affiliated entity as described in Section 500.115 of the Michigan Insurance Code of 1956 as amended. Complete on a calendar year basis unless otherwise indicated.

SUBMIT FORM AND ATTACHMENTS WITH MICHIGAN ANNUAL STATEMENT FILING.

Submission Required By:
NONPROFIT HEALTH CARE
CORPORATIONS

DENTAL SERVICE CORPORATIONS

2002

DUE 3/1/03

Bar Code Required - Place Bar Code Here

Name of Company (Insurer--NOT Subsidiary)		NAIC Group number	NAIC Company code
Name and address of Subsidiary		Subsidiary contact person name and title	
		Contact person phone number ()	Subsidiary state of incorporation
Summary of business activity of Subsidiary		Subsidiary Tax I. D. Number (FEIN)	Subsidiary date of incorporation
Subsidiary--Total number of shares authorized		Describe all lawsuits or other litigation pending against Subsidiary	
Subsidiary--Par value of stock			
Number of Subsidiary shares owned by Insurer at year end 2001			
Number of Subsidiary shares owned by Insurer at year end 2002			
2002 Dividends Subsidiary paid to Insurer			
Dates dividends were paid:			

Required Attachments (if applicable):

I. Attach a detailed description and supporting documentation on any of these relationships or transactions between Insurer and the Subsidiary: *(check to show attachments are included; if there were no such transactions or relationships, check to indicate none)*

1. Loans, other investments, purchases, sales of, or exchanges of securities of the Subsidiary.

____ Attachments included ____ None

2. Purchases, sales of, or exchanges of assets.

____ Attachments included ____ None

3. Transactions not in the ordinary course of business.

____ Attachments included ____ None

4. Guarantees for the benefit of a subsidiary which may result in a contingent exposure to Insurer's assets.

____ Attachments included ____ None

5. All management and service contracts and all cost sharing arrangements.

____ Attachments included ____ None

II. Attach financial statements and exhibits for the year ending December 31, 2002. List titles of the attachments below:

III. Attach a completed form FIS 0084 Summary of Subsidiary Corporations for each *Subsidiary of the Subsidiary*. List names of all the Subsidiaries of the Subsidiary below: *(indicate if none)*

____ None

PA 218 of 1956 as amended, requires submission by nonprofit health care corporations and dental service corporations who were controlled, owned or were affiliated with an entity during the calendar reporting year, as described in Section 500.115 of the Michigan Insurance Code of 1956 as amended. Failure to properly complete and file this report may result in a compliance action against the corporation.

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